

2002

Introduction to

# **PEBB Retiree Coverage**

If you want additional information about Public Employees Benefits Board (PEBB) coverage, call a benefits specialist toll-free at 1-800-200-1004, Monday through Friday, 8 a.m. to 5 p.m. (or visit our Web site at [www.wa.gov/hca/pebb.htm](http://www.wa.gov/hca/pebb.htm).) For questions about a specific medical or dental plan, contact the PEBB plans listed below. If you have questions about appeals, call 360-923-2625.

<b>Medical Plans</b>	<b>Web site address</b>	<b>Customer service phone numbers</b>	<b>TTY/TDD Customer service phone numbers (deaf, hard of hearing, or speech impaired)</b>
<b>Aetna U.S. Healthcare Inc.</b>	<a href="http://www.aetnaushc.com">www.aetnaushc.com</a>	1-800-756-7039	1-800-628-3323
<b>Community Health Plan of Washington</b>	<a href="http://www.chpw.org">www.chpw.org</a>	206-521-8830 or 1-800-440-1561	1-800-833-6388
<b>Group Health Cooperative of Puget Sound</b>	<a href="http://www.ghc.org">www.ghc.org</a>	206-901-4636 or 1-888-901-4636	206-901-4602
<b>Group Health Options, Inc.</b>	<a href="http://www.ghc.org">www.ghc.org</a>	206-901-6200 or 1-800-542-9172	206-901-4602
<b>Kaiser Foundation Health Plan of the Northwest</b>	<a href="http://www.kp.org/nw">www.kp.org/nw</a>	1-800-813-2000 or Portland 503-813-2000	1-800-833-6388 (WA) 1-800-735-2900 (OR)
<b>PacifiCare of Washington, Inc.</b>	<a href="http://www.pacificare.com">www.pacificare.com</a>	1-800-932-3004	1-800-257-5799
<b>Premera BC/HealthPlus</b>	<a href="http://www.premera.com">www.premera.com</a>	425-771-3111 or 1-800-527-6675	1-800-842-5432
<b>Premera BC/MS</b>	<a href="http://www.premera.com">www.premera.com</a>	509-536-4700 or 1-800-543-9438	1-800-291-4145
<b>Premera Blue Cross Medicare Supplement Plans E and J</b>		Seattle/Everett: 425-670-5252 All other areas: 1-800-295-1841	1-800-291-4145
<b>RegenceCare</b>	<a href="http://www.wa.regence.com">www.wa.regence.com</a>	1-800-376-7926	1-877-727-4357 or 206-389-6728
<b>Uniform Medical Plan</b>	<a href="http://www.wa.gov/hca/ump">www.wa.gov/hca/ump</a>	1-800-352-3968	1-888-923-5622



## Medicare+Choice Plans

	<b>Web site address</b>	<b>Customer service phone numbers</b>	<b>TTY/TDD Customer service phone numbers (deaf, hard of hearing, or speech impaired)</b>
<b>Group Health Cooperative</b>		206-901-4636 or 1-888-901-4636	1-877-901-4678
<b>Kaiser Senior Advantage</b>	<a href="http://www.kp.org/nw">www.kp.org/nw</a>	503-813-2000 or 1-800-813-2000	1-800-833-6388 (WA) 1-800-735-2900 (OR)
<b>PacifiCare Secure Horizons</b>	<a href="http://www.securehorizons.com">www.securehorizons.com</a>	1-800-255-6673	1-800-255-6673

## Dental Plans

	<b>Web site address</b>	<b>Customer service phone numbers</b>
<b>DeltaCare, administered by Washington Dental Service</b>	<a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a>	1-800-650-1583
<b>Regence BlueShield Columbia Dental Plan</b>	<a href="http://www.wa.regence.com/pebb">www.wa.regence.com/pebb</a>	1-800-376-7926
<b>Uniform Dental Plan, administered by Washington Dental Service</b>	<a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a>	1-800-537-3406

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Health plan comparisons in this document are based on  
information believed accurate and current, but be sure to confirm  
data before making decisions.

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To obtain this document in another format (such as Braille or audio), call our Americans  
with Disabilities Act (ADA) Coordinator at 360-923-2805. TTY users (deaf, hard of  
hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.

## Welcome to the Public Employees Benefits Board (PEBB) Program!

Retiring public employees have access to comprehensive health insurance coverage sponsored by the PEBB. As a retiring employee, it is very **important to evaluate your PEBB health insurance options before or immediately upon retirement.**

You have a **one-time opportunity** to enroll, so please take a few moments to review what the PEBB offers and the specific eligibility requirements.

The PEBB is pleased to offer a comprehensive health care package that provides choice, access, value, and stability. The Washington State Health Care Authority is the administering agency.

Take a look at the enclosed eligibility information, benefit summary, health plan service areas, and monthly premiums. If you have additional questions, please call 360-412-4200 or 1-800-200-1004. We look forward to serving your health care needs.

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## Public Employees Benefits Board Members

The PEBB, created within the Washington State Health Care Authority (HCA), establishes eligibility requirements and approves plan benefits of all participating health care organizations. The following board members are appointed by the Governor:

- Ida Zodrow, Chair  
HCA Administrator
- Stephen M. Brown\*  
K-12 Representative
- Helen Carlstrom  
K-12 Retiree Representative
- Greg Devereux  
State Employees  
Representative

- Sally Fox  
Benefits Management/  
Cost Containment  
Representative
- Eugene Lux  
State Retiree Representative
- Gary Robinson  
Benefits Management/  
Cost Containment  
Representative
- Richard D. Rubin\*  
Benefits Management/  
Cost Containment  
Representative
- Yvonne Tate  
Benefits Management/  
Cost Containment  
Representative

\* Non-voting member

## Questions and Answers

- 1. How do I know if my provider or hospital belongs to a plan?** Call the plan or your provider directly. Medical and dental plan phone numbers are listed in the front of this booklet. When you call the plan, be sure to mention you are a PEBB state of Washington retiree. Chances are that your provider or hospital participates in one or more of the PEBB plans.
- 2. If my family and I want the freedom to see any doctor or health care provider without a primary care provider referral, which plan should I enroll in?** The Uniform Medical Plan allows freedom of choice for all approved providers. Extended network plans allow for self-referral to extended network providers for certain benefits; your out-of-pocket expenses are higher when you receive care from an extended network provider.
- 3. If I travel outside Washington State and need to go to the doctor, am I still covered?** When you are enrolled in any of the PEBB plans, urgent or emergency care is covered if you travel outside Washington State. Coverage for other types of care received outside Washington State varies from plan to plan. Contact the plans for specific benefit information.
- 4. If I return to work, am I still eligible for PEBB retiree coverage?** If you return to work and are eligible for employer-provided benefits, you may cancel your retiree coverage as soon as you are enrolled as an active employee. When your employer-paid coverage ends, you must re-enroll in a PEBB retiree medical plan within 60 days of the date the other coverage ends. **Please refer to “Waiving or Deferring Coverage” on page 3 for additional information.**

## Eligibility

You're eligible to enroll in PEBB plans if you're a:

- Retiring state agency employee
- Retiring public higher-education employee
- Retiring public school district or educational service district employee
- Retiring PEBB political subdivision employee

Employees retiring under **Public Employees Retirement System (PERS) Plan I or II, Teachers Retirement System (TRS) Plan I or II, or School Employees Retirement System (SERS) II** must immediately begin receiving a retirement allowance under TRS, PERS, or SERS.

Employees retiring under **Law Enforcement Officers and Fire Fighters Retirement System (LEOFF) Plan I or II, Washington State Patrol (WSP) Retirement System, or State Judges/Judicial Retirement System** must immediately begin receiving a retirement allowance under LEOFF, WSP Retirement System, or State Judges/Judicial Retirement System.

Employees retiring from **PERS Plan III, TRS Plan III, or SERS Plan III** must be age 55 with 10 years of service when they separate from employment.

Employees retiring from a **Higher Education Retirement Plan** (e.g., TIAA-CREF) must be age 55 with 10 years of experience or age 62, or must immediately begin receiving a monthly retirement benefit.

### Waiving Coverage

You may waive PEBB medical and dental coverage for yourself and your family members if you're covered under another comprehensive, employer-provided benefits package. (This type of coverage may be attained through your re-employment or your spouse's/qualified same-sex domestic partner's employment.) When the employer-provided coverage ends, you must enroll in PEBB medical coverage with evidence of continuous coverage within 60 days of losing the other coverage or forfeit your right to re-enroll later. You may also enroll in a PEBB dental plan at that time or during any PEBB open enrollment period as long as you have PEBB medical coverage. (In order to continue retiree life coverage, you must select it upon retirement and premiums must continue to be paid while you're re-employed.)

## Eligible Dependents

As a retiree enrolled in a PEBB plan, you may cover any of the following dependents:

- Lawful spouse or qualified same-sex domestic partner
- Children through age 19
- Full-time students through age 23
- Disabled dependents (approved by the HCA)
- Extended (legal) dependents (approved by the HCA)

## Duration of Coverage

- PEBB coverage lasts indefinitely as long as you pay your premiums.
- If you die, your surviving spouse's/same-sex domestic partner's coverage can continue (the surviving spouse/same-sex domestic partner must be enrolled at the time of death) as long as premiums are paid. To continue coverage, your spouse/same-sex domestic partner must apply within 60 days of your death.
- Enrollment changes are allowed each year during open enrollment.

## Cancellation

If you cancel your PEBB retiree coverage, you forfeit the right to re-enroll later unless you are covered as outlined under "Waiving Coverage" on page 3.

Eligible retirees can enroll in PEBB coverage before enrolling in Medicare. In general, retirees are not eligible for Medicare until they reach age 65. However, some individuals may be eligible due to a disability. There are two parts to Medicare: Part A (helps pay for hospitalizations) and Part B (helps pay for clinic and doctor visits). PEBB retirees who are eligible for Medicare must enroll in both Parts A and B.

Many Medicare-eligible retirees think they can only enroll in a Medicare supplement plan. **This is not true.** All of the PEBB plans offered to active employees are also offered to retirees, including those who are Medicare-eligible.

## Plan Availability by County

### Adams

- Community Health Plan of Washington
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Premiera BC/MSC
- Uniform Medical Plan

### Asotin

- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Premiera BC/MSC
- Uniform Medical Plan

### Benton

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Premiera BC/MSC
- Uniform Medical Plan

### Chelan

- Community Health Plan of Washington
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Premiera BC/MSC
- Uniform Medical Plan

### Clallam

- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Uniform Medical Plan

### Clark

- Kaiser
- Kaiser Senior Advantage (Medicare+Choice)
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- PacifiCare
- PacifiCare Secure Horizons (Medicare+Choice)
- Uniform Medical Plan

### Columbia

- Group Health Cooperative
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Premiera BC/MSC
- Uniform Medical Plan

### Cowlitz

- Kaiser
- Kaiser Senior Advantage (Medicare+Choice)
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan

### Douglas

- Community Health Plan of Washington
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Premiera BC/MSC
- Uniform Medical Plan

### Ferry

- Community Health Plan of Washington
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Premiera BC/MSC
- Uniform Medical Plan

### Franklin

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Premiera BC/MSC
- Uniform Medical Plan

### Garfield

- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Premiera BC/MSC
- Uniform Medical Plan

### Grant

- Community Health Plan of Washington
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Premiera BC/MSC
- Uniform Medical Plan

### Grays Harbor

- Community Health Plan of Washington
- Group Health Cooperative (ZIP Codes 98541, 98557, 98559, and 98568)
- Group Health Cooperative (Medicare+Choice; ZIP Codes 98541, 98557, 98559, and 98568)
- Group Health Options, Inc. (ZIP Codes 98541, 98557, 98559, and 98568)
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- PacifiCare (ZIP Codes 98541 and 98557)
- Premiera BC/HealthPlus
- Uniform Medical Plan

### Island

- Aetna USHC (ZIP Code 98292)
- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Uniform Medical Plan

### Jefferson

- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Uniform Medical Plan



## King

- Aetna U.S. Healthcare Inc.
- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- PacifiCare
- PacifiCare Secure Horizons (Medicare+Choice)
- Premiera BC/HealthPlus
- RegenceCare
- Uniform Medical Plan

## Kitsap

- Aetna U.S. Healthcare Inc. (ZIP Codes 98061, 98110, 98340, 98342, 98345-46, 98364, 98370, 98383, and 98392)
- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- RegenceCare
- Uniform Medical Plan

## Kittitas

- Group Health Cooperative
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/MSC
- Uniform Medical Plan

## Klickitat

- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Uniform Medical Plan

## Lewis

- Aetna U.S. Healthcare Inc.
- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Kaiser (ZIP Codes 98591, 98593, and 98596)
- Kaiser Senior Advantage (Medicare+Choice; ZIP Codes 98591, 98593, and 98596)
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- PacifiCare (current members only)
- Premiera BC/HealthPlus
- Uniform Medical Plan

## Lincoln

- Community Health Plan of Washington
- Group Health Cooperative (ZIP Codes 99008, 99029, 99032, and 99122)
- Group Health Options, Inc. (ZIP Codes 99008, 99029, 99032, and 99122)
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Premiera BC/MSC
- Uniform Medical Plan

## Mason

- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- PacifiCare (ZIP Code 98584)
- Premiera BC/HealthPlus
- Uniform Medical Plan

## Okanogan

- Community Health Plan of Washington
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Premiera BC/MSC
- Uniform Medical Plan

## Pacific

- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Uniform Medical Plan

## Pend Oreille

- Community Health Plan of Washington
- Group Health Cooperative (ZIP Code 99009)
- Group Health Options, Inc. (ZIP Code 99009)
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Premiera BC/MSC
- Uniform Medical Plan

## Pierce

- Aetna U.S. Healthcare Inc.
- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- PacifiCare
- PacifiCare Secure Horizons (Medicare+Choice)
- Premiera BC/HealthPlus
- RegenceCare
- Uniform Medical Plan

## San Juan

- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Uniform Medical Plan

## Skagit

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Uniform Medical Plan

## Skamania

- Kaiser (ZIP Codes 98639 and 98648)
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Uniform Medical Plan

## Snohomish

- Aetna U.S. Healthcare Inc.
- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- PacifiCare
- PacifiCare Secure Horizons (Medicare+Choice)
- Premiera BC/HealthPlus
- RegenceCare
- Uniform Medical Plan

## Spokane

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Premiera BC/MSC
- Uniform Medical Plan

## Stevens

- Community Health Plan of Washington
- Group Health Cooperative (ZIP Codes 99006, 99013, 99026, 99034, 99040, 99110, 99148, and 99173)
- Group Health Options, Inc. (ZIP Codes 99006, 99013, 99026, 99034, 99040, 99110, 99148, and 99173)
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Premiera BC/MSC
- Uniform Medical Plan

## Thurston

- Aetna U.S. Healthcare Inc.
- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- PacifiCare
- PacifiCare Secure Horizons (Medicare+Choice)
- Premiera BC/HealthPlus
- Uniform Medical Plan

## Wahkiakum

- Kaiser (ZIP Codes 98612 and 98647)
- Kaiser Senior Advantage (Medicare+Choice; ZIP Codes 98612 and 98647)
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Uniform Medical Plan

## Walla Walla

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Uniform Medical Plan

## Whatcom

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Uniform Medical Plan

## Whitman

- Group Health Cooperative
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Premiera BC/MSC
- Uniform Medical Plan

## Yakima

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Premiera BC/HealthPlus
- Premiera BC/MSC (ZIP Codes 98930 and 98944)
- Uniform Medical Plan

For additional information on out-of-state coverage, call a PEBB benefits specialist toll-free at 1-800-200-1004.

# Medical Plan Information

## What are my medical plan choices?

The PEBB program offers:

- **Seven standard managed-care plans**
- **Two extended network managed-care plans**
- **One preferred provider organization**
- **Three Medicare+Choice plans**
- **Two Medicare supplement plans (E and J)**

*See the "Plan Availability by County" section to find out which plans are available in your area.*

## How do the medical plans work?

### **Standard managed-care plans, also called health maintenance organizations (HMOs)**

These are available to all retirees except those Medicare-eligible retirees enrolled in Group Health Cooperative, Kaiser, and PacifiCare. These three health plans require Medicare-eligible retirees to enroll in their Medicare+Choice plan if they offer both a standard and Medicare+Choice plan in the same county.

Standard plans have a \$10 copay for many services, and help cover the deductible and coinsurance not covered by Medicare. A referral from your primary care provider is necessary to see a specialist.

### **Extended network managed-care plans, also called point-of-service (POS) plans**

These plans are available to most retirees (non-Medicare and Medicare-eligible). You may see your primary care provider (PCP) for routine services at the regular benefit level, or you may refer yourself to a specialist in the plan's extended network without going through your PCP. Many of the plans' extended network benefits require payment of an annual deductible and copayment before plan payment begins, and then reimbursement is usually between 60 and 70 percent of allowed charges. Contact the plans for specific extended network benefits.

### **Preferred provider organization (PPO)**

The Uniform Medical Plan (UMP) is a state-administered, self-insured plan that offers retirees the freedom to choose any approved provider. It is also available to those who travel or live outside the state of Washington. You may receive services from any approved provider, but reimbursement is higher if services are provided by a UMP-preferred provider or, if you are Medicare-eligible, by a doctor or nurse who accepts Medicare assignment. The UMP has nonduplication of benefits, which means it coordinates benefits with Medicare or any other health insurance plan, but not up to 100 percent until the out-of-pocket limit has been reached.

### **Medicare+Choice plans**

These plans are only available to Medicare-eligible retirees through Group Health Cooperative, Kaiser, and PacifiCare. If these health plans offer both a standard and Medicare+Choice plan in the same county and you are Medicare-eligible, they will require you to enroll in the Medicare+Choice plan.

Medicare+Choice plans contract with Medicare to provide all benefits covered by Medicare; however, most also cover the Medicare deductibles, coinsurance, and additional benefits not covered by Medicare. When you join a Medicare+Choice plan, you receive your health care from the plan's network of medical providers, hospitals, and pharmacies. These plans are more affordable; however, certain restrictions apply. If your primary care provider does not provide or coordinate all your care, and if you do not follow all of the managed care procedures, you could be responsible for the entire bill.

### **Medicare Supplement Plans E and J**

These plans are only available to Medicare-eligible retirees and disabled employees enrolled in Medicare Parts A and B. These plans allow the use of any Medicare-recognized physician or hospital nationwide. They are designed to pay some Medicare deductibles and coinsurances, but primarily supplement only those services that are covered by Medicare. Benefits such as vision, hearing exams, routine physical exams, and prescription drugs may have limited coverage or may not be covered at all.

The coverage described inside is only a sample of the benefits available.

If you are interested in one of these plans, contact the health plan for more benefits and limitations information.

**Click here to be directed out of this document out to the Medical Benefits Comparison chart**

# Dental Plan Information

## What are My Dental Plan Choices?

To enroll in dental coverage, you **must enroll** in PEBB medical coverage. If you enroll in a dental plan, you must continue dental coverage for **at least two years**. You have three dental plans to choose from:

- Two managed-care dental plans
- Preferred provider organization

## How the Dental Plans Work

### Preferred Provider Organization (PPO)

- The *Uniform Dental Plan (UDP)* allows you the freedom to choose any dentist, but gives you the opportunity to receive a higher level of reimbursement if your dentist contracts with the Washington Dental Service. The UDP *offers services in every county of Washington State*. Outside of Washington, services are reimbursed at a higher level than for services provided by non-PPO dentists in Washington.

## Managed Care Plans

- *DeltaCare, administered by Washington Dental Service*, requires selection of one of their network dentists when you enroll. *Providers are located in Arlington\*, Auburn, Bellevue, Bremerton\*, Burien, Edmonds\*, Everett\*, Federal Way, Kent, Kirkland, Mill Creek, Mukilteo\*, Olympia, Puyallup, Redmond\*, Renton, Seattle, Shelton, Spokane, Tacoma, Tukwila, Tumwater, Wenatchee, Yakima, and Portland (Oregon).*

\*Not accepting new patients.

- *Regence BlueShield Columbia Dental Plan*, with services provided by Columbia Dental Group (CDG), requires that you receive care from CDG dentists. *Their clinics are located in Bellevue, Bellingham, Everett, Federal Way, Kent, Kirkland, Lakewood, Lynnwood, Northgate, Olympia, Puyallup, Seattle, Silverdale, Spokane, Tacoma, Tri-Cities (Kennewick), Tumwater, Vancouver (Hazel Dell), and Yakima.*

The table on the following page briefly compares the features of

the UDP and the managed-care dental plans described in this guide. Before enrolling in a managed-care dental plan, it is important to answer the following questions:

- Is the dentist I have chosen accepting new patients? (Remember to identify yourself as a PEBB state of Washington retiree.)
- Am I willing to travel for services if I select a dentist in another service area?
- Do I understand that all dental care is managed through my primary care dentist or network provider, and I cannot self-refer for specialty care?

Since dentist/clinic participation with the dental plans can change, please contact the dental plans to verify dentist/clinic locations.

If the answer to these questions is yes, you may want to consider enrolling in a managed-care dental plan.

For full coverage provisions, including a description of limitations and exclusions, refer to a PEBB dental plan certificate of coverage (available through the dental plans).

**Please note:** If you intend to join one of the managed-care dental plans, you'll want to be sure your dentist is a network dentist who contracts with PEBB. If you don't make sure he or she serves PEBB enrollees, you may be responsible for the cost of your care.

## Comparison of the Dental Plans

	Preferred provider organization: ■ <i>Uniform Dental Plan</i>	Managed-care dental plans: ■ <i>DeltaCare</i> ■ <i>Regence BlueShield Columbia Dental Plan</i>
<b>Annual deductible</b>	\$50 per person/\$150 per family, except for diagnostic and preventive	No deductible
<b>Annual maximum</b>	\$1,500 plan reimbursement per person; except as otherwise specified for orthodontia, nonsurgical TMJ, and orthognathic surgery	No general maximum
<b>Dentures</b>	50%, PPO and out of state; 40%, non-PPO (dental plan payment)	\$140 copay, complete upper; \$40 copay, complete reline (chairside)
<b>Endodontics (root canals)</b>	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	\$50 copay, 1 canal; \$125 copay, 4 canals
<b>Nonsurgical TMJ</b>	70%; \$500 lifetime maximum (dental plan payment)	70%; \$500 lifetime maximum (dental plan payment)
<b>Oral surgery</b>	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	\$0 copay, single extraction; \$10 copay, each additional tooth Exception: <i>Regence</i> , \$0 copay, each additional tooth
<b>Orthodontia</b>	50%; \$750 lifetime maximum (dental plan payment)	\$1,500 maximum copay per case Exception: <i>Regence</i> , \$1,200 maximum copay per case
<b>Orthognathic surgery</b>	70%; \$5,000 lifetime maximum (dental plan payment)	70%; \$5,000 lifetime maximum (dental plan payment)
<b>Periodontic services</b>	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	\$75 copay, gingivectomy or gingivoplasty; \$100 copay, osseous surgery per quadrant
<b>Preventive/ diagnostic</b>	100%, PPO; 90%, out of state; 80%, non-PPO (dental plan payment)	100% (dental plan payment)
<b>Restorative crowns</b>	50%, PPO and out of state; 40%, non-PPO (dental plan payment)	\$100 copay, resin base-metal crown; <i>DeltaCare</i> , \$175 copay, full or $\frac{3}{4}$ cast metal crown; <i>Regence</i> , \$140 copay, full or $\frac{3}{4}$ cast metal crown
<b>Restorative fillings</b>	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	\$10 copay, amalgam restorations (fillings), permanent teeth, two surfaces Exception: <i>Regence</i> , \$0 copay

# Life and Long-Term Care Insurance

## Life Insurance

Active employees who have PEBB life insurance are eligible to:

- Convert optional life insurance to retiree term life insurance (as long as you participated in optional life insurance for at least five years).
- Enroll in retiree term life insurance.

The premium cost is \$2.19 per month, regardless of your age.

## Long-Term Care Insurance

The PEBB offers a long-term care plan underwritten by John Hancock. For more information about enrolling in a long-term care plan, call 1-800-399-7271.

## Retiree Term Life Insurance Benefit

Age At Time of Death	Amount of Insurance in Force At Time of Death
Under 65	\$3,000
65 through 69	2,100
70 and over	1,800



## How Do I Enroll?

Enrolling is simple. Just follow this timeline:

**Approximately 60 days before you retire:** Complete the card provided in your pension packet (including your name, address, phone number, and social security number), and return it to the HCA. The HCA will send you a complete retiree insurance packet (including the applications and the information you need) within five business days of receiving your request.

**Within 60 days from the date active employment ends:** Return your completed retiree application and/or any applicable forms to the HCA.

## How Much Does It Cost?

You can find a rate sheet on the following page. These rates are current, but are subject to change. Generally, rate changes take place only once a year when the PEBB negotiates new contracts with the health plans.

## Payment Options

- Deduct from your pension
- Invoice from the HCA
- Electronic funds transfer from your checking or savings account
- Volunteer Employee Benefit Association (VEBA) account

If you cancel your PEBB retiree coverage, you will **not** be allowed to enroll later, except as outlined in “Waiving Coverage” on page 3.



Effective January 1, 2002



1. In order to qualify for the Medicare rate, you must be enrolled in both parts A and B of Medicare.
2. Medicare-eligible retirees in Group Health Cooperative Medicare+Choice plan, Kaiser Senior Advantage, and PacifiCare Secure Horizons plans must agree to and sign the *Medicare+Choice Plan Election Form* to qualify for the lower Medicare rate. For more information on these requirements, please contact your health plan's customer service department.

Part 1 of 2		Medical Plans					
Subscribers not eligible for Medicare (or enrolled in Part A only):	Aetna U.S. Healthcare Inc.	Community Health Plan of Washington	Group Health Cooperative of Puget Sound	Group Health Options, Inc.	Kaiser Foundation Health Plan of the Northwest	PacifiCare of Washington, Inc.	
	Subscriber Only	\$249.99	\$245.19	\$234.25	\$245.15	\$246.94	\$277.56
	Sub & Spouse	493.25	483.65	461.77	483.57	487.15	548.39
	Sub & Child(ren)	432.44	424.04	404.89	423.97	427.10	480.68
	Full Family	675.70	662.50	632.41	662.39	667.31	751.51
Subscribers eligible for Medicare (or enrolled in Parts A & B):	Subscriber Only	188.40	117.34	81.26	104.29	76.83	76.79
	Sub & Spouse (1 elig)	431.66	355.80	308.78	342.71	317.04	347.62
	Sub & Spouse (2 elig)	370.07	227.95	155.79	201.85	146.93	146.85
	Sub & Child(ren) (2 elig)	370.07	227.95	155.79	201.85	146.93	146.85
	Sub & Child(ren)	370.85	296.19	251.90	283.11	256.99	279.91
	Full Family (1 elig)	614.11	534.65	479.42	521.53	497.20	550.74
	Full Family (2 elig)	552.52	406.80	326.43	380.67	327.09	349.97
	Full Family (3 elig)	551.74	338.56	230.32	299.41	217.03	216.91
	Dental Plans						
With medical plan:	DeltaCare, administered by Washington Dental Service	Regence BlueShield Columbia Dental Plan	Uniform Dental Plan				
	Subscriber Only	\$26.30	\$33.84	\$29.27			
	Sub & Spouse	52.60	67.68	58.55			
	Sub & Child(ren)	52.60	67.68	58.55			
	Full Family	78.90	101.52	87.82			
Medicare rates shown above have been reduced by the state funded contribution of \$85.84 per member per month.							

**Part 2 of 2****Medical Plans**

Subscribers not eligible for Medicare (or enrolled in Part A only):

	<b>Premera Blue Cross/MSC</b>	<b>Premera Blue Cross/ HealthPlus</b>	<b>RegenceCare</b>	<b>Uniform Medical Plan</b>
<b>Subscriber Only</b>	\$267.17	\$290.21	\$269.40	\$265.58
<b>Sub &amp; Spouse</b>	527.61	573.69	532.07	524.43
<b>Sub &amp; Child(ren)</b>	462.50	502.82	466.40	459.72
<b>Full Family</b>	722.94	786.30	729.07	718.57

Subscribers eligible for Medicare (or enrolled in Parts A & B):

<b>Subscriber Only</b>	170.95	221.68	157.05	147.82
<b>Sub &amp; Spouse (1 elig)</b>	431.39	505.16	419.72	406.67
<b>Sub &amp; Spouse (2 elig)</b>	335.17	436.63	307.37	288.91
<b>Sub &amp; Child(ren) (2 elig)</b>	335.17	436.63	307.37	288.91
<b>Sub &amp; Child(ren)</b>	366.28	434.29	354.05	341.96
<b>Full Family (1 elig)</b>	626.72	717.77	616.72	600.81
<b>Full Family (2 elig)</b>	530.50	649.24	504.37	483.05
<b>Full Family (3 elig)</b>	499.39	651.58	457.69	430.00

**Medicare Supplement Plans**

	<b>Premera Blue Cross</b>			
	<b>Plan E Retired</b>	<b>Plan E Disabled</b>	<b>Plan J Retired</b>	<b>Plan J Disabled</b>
<b>Subscriber Only</b>	\$45.60	\$66.98	\$136.05	\$254.38
<b>*Sub &amp; Spouse (1 elig)</b>	304.45	325.83	394.90	513.23
<b>Sub &amp; Spouse (2 elig - 1 med, 1 dis)</b>	105.85	105.85	383.70	383.70
<b>Sub &amp; Spouse (2 elig)</b>	84.47	127.23	265.37	502.03
<b>*Sub &amp; Child(ren)</b>	239.74	261.12	330.19	448.52
<b>*Full Family (1 elig)</b>	498.59	519.97	589.04	707.37
<b>*Full Family (2 elig - 1 dis, 1 med)</b>	299.99	299.99	577.84	577.84
<b>*Full Family (2 elig)</b>	278.61	321.37	459.51	696.17

\* If a Medicare supplement plan is selected, non-Medicare eligible dependents are enrolled in the Uniform Medical Plan (UMP). The rates shown reflect the total rate due, including both the Medicare supplement and UMP premiums.

**Life Insurance Self-Pay Rate -  
Retirees \$2.19 per month**

Medicare rates shown above have been reduced by the state funded contribution of \$85.84 per member per month.



**Washington State  
Health Care Authority**  
*Public Employees Benefits Board*

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